

RECEIVED  
CENTRAL FAX CENTER

SEP 07 2005

**FAX COVER SHEET**

To: USPTO  
Ext. Winnie Yip  
Act Unit 3657  
FAX (571) 273-8300

Date: 09/07/05

From: Kevin T. Connelly

Application No. 10/613,946

Number of pages including cover sheet: 2

Comments: Power of Attorney

X Kevin T. Connelly  
Signature

**BEST AVAILABLE COPY**

PTO/SB/81 (04-06)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/613,045
Filing Date	07/07/2003
First Named Inventor	Kevin T. Connelly
Title	
Art Unit	3637
Examiner Name	Yip, Winnie
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Werner H. Schroeder	36,387

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	APOLLO SUNGUARD				
Address	4457 A Ashton Rd.				
City	Sarasota	State	FL	Zip	34233
Country					
Telephone	(941) 826-3000	Email			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature	<i>X</i> <i>Kevin T. Connelly</i>	Date	X SEP 7 2005
Name	Kevin T. Connelly	Telephone	941-925-3000
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-0199 and select option 2.